



Time: 8:20 AM		GSA Manager: Leon Barwick		Phone: (202) 870-1859		Date: 9/5/2017			
Facility Designation/Concessionaire				Building No		Facility Location			
GSA cafe/ Eurest				DC002122		18th + F St NW Washington DC			
Person in charge of facility			Copy of report furnished to			Federal Occupational Health Inspector			
Leon Barwick			Katranda Thomas			Abbey Porzuck			
TYPE OF FACILITY			RATING			PURPOSE			
<input checked="" type="checkbox"/> Cafeteria <input checked="" type="checkbox"/> Snack Bar <input type="checkbox"/> Prepackaged <input type="checkbox"/> Other:			<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Other:			<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Initial <input type="checkbox"/> Re-inspection <input type="checkbox"/> Other:			
Description	W	T	Deficiency Yes	No	Description	W	T	Deficiency Yes	No
Food					Insect, Rodent, and Animal Control				
*01 Approved source, sound condition, no evidence of spoilage. (3-101, 3-201, 3-202, 3-601.12, 3-701)	5		<input type="checkbox"/>	<input checked="" type="checkbox"/>	19 Accurate thermometers, pressure gauges, chemical test kits provided/used (4-203.11, 4-203.13, 4-302.13, 4-302.14)	1		<input type="checkbox"/>	<input checked="" type="checkbox"/>
02 Original containers properly labeled. (3-203, 3-302, 3-602, 3-501.17)	1		<input type="checkbox"/>	<input checked="" type="checkbox"/>	20 Pre-cleaning utensils pre-flushed, scraped, soaked (4-603.12)	2		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food Protection					*21 Wash, rinse water; clean proper temperature (4-501)	3		<input type="checkbox"/>	<input checked="" type="checkbox"/>
*03 Potentially hazardous foods (PHF) meet time/temperature requirements during storage, transport, serving and leftover policy (3-501, 3-602, 3-202)	5		<input type="checkbox"/>	<input checked="" type="checkbox"/>	22 Sanitation rinse: clean and at correct temperature, concentration, exposure time, and pressure (4-601.16)	1		<input type="checkbox"/>	<input checked="" type="checkbox"/>
*04 Equipment to maintain product temperature. (4-301)	4		<input type="checkbox"/>	<input checked="" type="checkbox"/>	23 Wipe cloths: clean, stored in sanitizing solution, use restricted (3-304.14, 4-101.16, 4-501.114, 4-802.11)	2		<input type="checkbox"/>	<input checked="" type="checkbox"/>
05 Thermometers provide conspicuous and accurate (4-203.12, 4-204.112, 4-302.12)	1		<input type="checkbox"/>	<input checked="" type="checkbox"/>	*24 Food contact surfaces of equipment, utensils: clean sanitized between uses, free of abrasives/detergents (4-602.11)	3		<input type="checkbox"/>	<input checked="" type="checkbox"/>
*06 Proper tempering/ thawing of potentially hazardous foods (3-501.13)	3		<input type="checkbox"/>	<input checked="" type="checkbox"/>	25 Nonfood- contact surface of equipment and utensils clean (4-601.11)	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>
*07 PHF offered for self service not reserved (3-306.14)	3		<input type="checkbox"/>	<input checked="" type="checkbox"/>	26 Proper storage, handling of clean equipment and utensils (4-903.11 4-904.11)	1		<input type="checkbox"/>	<input checked="" type="checkbox"/>
08 Food protected during storage, preparation, display, serving, transport (3-501.7, 3-801.11, 3-306)	2		<input type="checkbox"/>	<input checked="" type="checkbox"/>	27 Single-service items: not re-used, proper storage and dispensing (1-201.10, 4-502.13, 4-903, 4-904)	1		<input type="checkbox"/>	<input checked="" type="checkbox"/>
09 Handling of food/ice minimized (2-103, 3-301)	1		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water				
10 In use, food/ice utensils properly stored (3-304.12)	1		<input type="checkbox"/>	<input checked="" type="checkbox"/>	*28 Safe approved sources, adequate hot and cold water, and pressure (5-101, 5-102.11 5-103.11, 5-103.12)	4		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Personnel					Sewage				
11 Training program records available (2-103, 3-301, 8-201.14)	1		<input type="checkbox"/>	<input checked="" type="checkbox"/>	*29 Adequate sewage and liquid waste disposal (5-401.11, 5-403.11)	4		<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Person-in-charge certified (2-102.11, 2-102.)	3		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing				
*13 No evidence of communicable diseases, skin infections, cuts, burns (2-201, 2-401)	5		<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 Installed, maintained properly (5-201.11, 5-202.11, 5-202.12)	1		<input type="checkbox"/>	<input checked="" type="checkbox"/>
*14 Hands washed and clean, good hygiene practiced (2-301, 2-302, 2-303, 2-401, 3-301, 3-304.15, 5-204.11, 5-205.11)	4		<input type="checkbox"/>	<input checked="" type="checkbox"/>	*31 No cross-connection, potential back siphonage, backflow (5-202.13, 5-202.14, 5-205.12, 5-205.13)	3		<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Clean working garments; hair restraints; no unauthorized jewelry, watches (2-303, 2-304, 2-402)	2		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet and Lavatory Facility				
Food Equipment and Utensils					*32 Lavatories, adequate number, convenient, accessible, designed and installed properly (5-203.12, 5-203.13, 6-302, 5-203)	3		<input type="checkbox"/>	<input checked="" type="checkbox"/>
*16 Food/ice contact surfaces are non-toxic, designed, constructed, installed, located, maintained properly (4-201, 4-202)	3		<input type="checkbox"/>	<input checked="" type="checkbox"/>	33 Toilet rooms enclosed, self-closing doors, good repair, adequate handwashing and drying and waste receptacle (6-202.14, 6-301-302, 6-402)	1		<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Nonfood contact surfaces designed, constructed, installed, located, and maintained. (4-201, 4-202)	1		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage and Refuse Disposal				
18 Utensils washing, facility designed, operated, maintained, installed properly (4-501)	2		<input type="checkbox"/>	<input checked="" type="checkbox"/>	*34 Containers or receptacles covered, adequate number, vermin proof, emptied, frequently, clean (5-501)	2		<input type="checkbox"/>	<input checked="" type="checkbox"/>
					35 Outside storage area properly constructed, clean; adequate container washing facilities (6-102, 5-501.11, 5-501.15)	1		<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Critical deficiencies requiring immediate correction									
Inspected by (signature and phone number)					Copy received by (signature and phone number)				
Abbey Porzuck (202) 870-1859					[Signature]				

Number in parentheses represent citation in the Food Code 2013, FDA document number PB 2013-110462